Patient & Family Guide
2020

Head and Neck Surgery with Microvascular Flap Reconstruction

nova scotia health authority
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Head and Neck Surgery with Microvascular Flap Reconstruction

What is head and neck surgery with microvascular flap reconstruction?

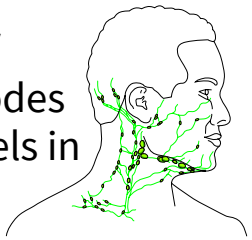
This surgery is done to remove tumours or growths in the mouth and surrounding areas. These tumours may be cancerous.

This surgery may include removing:

- part of the lower jaw bone and tongue
- part of the floor (bottom) of the mouth
- all of the lymph nodes and some of the nerves, blood vessels, and muscles on the side of the neck where the tumours are

- The areas where the tumours were taken out will be filled in with tissue taken from a donor site on your body (either your arm or your leg). This tissue may be made up of skin, muscle, and sometimes bone. The tissue will be removed along with an artery and a vein that connect to it. This artery and vein will be "hooked up" to an artery and vein in your neck. Blood will flow into and out of the flap, letting it survive in its new location.

Chains of lymph nodes and vessels in the neck



- Your surgeon will recommend which donor site will work best for you.
- You may have a thin layer of skin taken from one of your thighs. This will be used to cover the donor site.
- Radiation therapy is sometimes needed before and/or after surgery. Your doctor will talk with you about this treatment.

Before surgery

- You will have an appointment in the ENT Clinic. You will meet with doctors, nurses, a social worker, a speech pathologist, and a dietitian (if you have recently lost weight).
- You will have an appointment in the Pre-Admission Clinic. You will have tests, including an ECG, a chest X-ray, and blood work. You will also see the anesthetist (doctor who puts you to sleep for surgery).
- We recommend that you stop smoking before surgery. Patients who stop smoking before surgery get better faster and have fewer problems related to the surgery. **You can't use a nicotine patch at the time of or after surgery.**
- Do not eat or drink foods with caffeine (such as regular coffee or tea, chocolate, or dark-coloured pop) for 48 hours (2 days) before surgery.

In the Operating Room (OR)

You will be taken to the OR and helped onto a table. The anesthetist will put an IV (intravenous) in your arm.

After surgery

After surgery you will go to the ICU (Intensive Care Unit) for a few days. You may then go to the IMCU (Intermediate Care Unit) or “step-down” unit. Finally, you will go to a private room in the ENT unit.

You may:

- be on a special bed for 2 to 3 days with limits on how much you can move. The nurses will help you move from this special bed to a regular bed when you are ready.
- have a trach (tracheostomy) tube in your neck. You will breathe through this tube and will not be able to talk for a few days until it is changed to another type of tube. Eventually the tube will be removed.
- be asked to do deep breathing and coughing exercises. This helps to keep your lungs clear. When you cough, mucus/spit will come out through your trach tube. The nurse will suction the tube (suck out the mucus/spit), if needed.

- have a special mask over your trach to keep the area moist. You may be given oxygen.
- have drain tubes in your neck to remove blood from under the incisions (cuts). These may be hooked to suction. These are usually taken out 2 to 5 days after surgery.
- have a small oxygen probe clipped to your finger to monitor your oxygen levels.
- have your blood pressure, pulse, and temperature checked often.
- have a doppler probe put in at the flap site. This lets staff hear the pulse in the flap and check the blood flow to the surgery site.
- be kept warm. You can't have a fan or an open window.
- have your donor site (arm/hand or leg/foot) checked often for blood flow. You may be asked how it feels and how well you can move it.
- have a feeding tube in your nose going into your stomach. We will give you special fluids through this tube for 7 to 10 days after surgery. You will not be allowed to eat anything by mouth during this time. Some people may also need the feeding tube at home for a period of time. The dietitian and speech pathologist will help you with swallowing when you are ready.

- have an IV for 1 to 5 days. You will be given medicines through the IV, if needed. Ask your nurse for pain medicine if you need it.
- have a catheter (tube) in your bladder to drain urine (pee). This is usually removed within the first 24 to 48 hours (1 to 2 days).
- **be taught how to clean your mouth in the best way. This is important.**
- have dressings on your arm **or** leg, as well as your thigh. These will be changed often while you are in the hospital. Once you leave the hospital, a home care nurse will keep changing your dressings until the sites are healed. Home care nursing will be arranged by your nurse before you go home.
- have some swelling of your face and neck and bruising on the affected side. This will go away over time. You will have the most swelling on the second day after your surgery.
- have staples and/or stitches that will be taken out in 7 to 10 days.
- be in the hospital for 10 to 14 days. You will slowly add to your activity level during this time.

Other team members you will see after surgery are:

- speech pathologist
- dietitian
- social worker
- physiotherapist

What are the possible complications?

- As with any surgery, there is a chance of bleeding and infection. A blood transfusion is sometimes needed.
- The skin can break down, making an opening between your throat and the skin on your neck. If this happens, your recovery time may be longer.
- You may have numbness of the chin and lips. If this happens, it is temporary. The length of time you may have numbness can vary from person to person.
- You may find that the arm or leg used for donor tissue does not work well for a short time.
- The neck dissection may cause a dropped shoulder. The physiotherapist will give you exercises to help with this.
- You may have trouble talking or swallowing.

- If the pulse in the flap is lost, you may need to return to the OR to try to revascularize (reconnect the blood supply) the flap. About 1 or 2 out of 100 flaps will die and will need to be replaced.
  - › ***Important*:** This is more likely to happen if you keep smoking up to the day of your surgery or if you have a nicotine patch. Your doctor will talk with you about this.

What do I need to know about going home?

- A family member or friend must drive you home.
- Before you leave the hospital, you will be given a followup appointment to see your surgeon in the ENT Clinic.
- Before you leave the hospital, you will be given prescriptions for pain medicine and any other medicines you may need.
- **Do not drink alcohol while taking pain pills.**

Activity tips

- Place your hands together behind your neck when you sit up. This supports your neck muscles.
- Do not lift anything heavy or strain unless told otherwise by your doctor. This includes lifting children.
- Go back to your normal activities as advised by your doctor.
- Rest when you are tired.
- Ask your doctor when you can return to work.
- Return to having sex when you feel well enough.
- Ask your doctor when you can go back to driving.

Call your doctor if you have:

- › fever and chills or a chest infection
- › trouble breathing
- › redness, swelling, or drainage from your incisions
- › more trouble swallowing
- › more pain

If you can't reach your doctor, go to the nearest Emergency Department.

Notes:

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Find this pamphlet and all our patient resources here: http://library.nshealth.ca/PatientGuides
Contact your local public library for books, videos, magazines, and other resources.
For more information, go to http://library.novascotia.ca
Connect with a registered nurse in Nova Scotia any time: call 811 or visit https://811.novascotia.ca
Learn about other programs and services in your community: call 211 or visit http://ns.211.ca

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